

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

In re Pilgrim Medical Center

Debtor

Case No. 16-15414

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: May, 2017

Date filed: 06/19/2017

Line of Business: Medical Services

NAISC Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:



Original Signature of Responsible Party

Nicholas V. Campanella, MD

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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- | | | |
|---|--------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? ☐ ☒

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL INCOME \$ 225,163.15

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month \$ 47,787.73

Cash on Hand at End of Month \$ 22,961.09

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL \$ 22,961.09

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL EXPENSES \$ 224,422.82

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B) \$ 225,163.15

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) \$ 224,422.82

(Subtract Line C from Line B)

CASH PROFIT FOR THE MONTH \$ 740.33

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UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL PAYABLES \$ _____

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL RECEIVABLES \$ _____

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?	21
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	20

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ 2,975.00
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TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ 87,247.07
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NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ 13,746.98
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TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ 81,266.14
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PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:	\$ 143,000.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:	\$ 141,500.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:	\$ 1,500.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

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Cash Basis

PILGRIM MEDICAL CENTER INC
Transactions by Account
As of May 31, 2017

Type	Date	Num	Name	Split	Debit	Credit	Balance
TD Bank-9126 Debtor In Possessl							1,308.27
Total TD Bank-9126 Debtor In Possessl							1,308.27
Valley National Bank							46,479.46
Check	05/01/2017		MONTCLAIR PHYSI...	Loan Receiv -M...		184.20	46,295.26
Deposit	05/01/2017		Horizon		675.00		46,970.26
Deposit	05/01/2017		Credit Card		2,298.40		49,268.66
Deposit	05/01/2017		Credit Card		2,880.80		52,149.46
Deposit	05/01/2017		Patient Income		681.00		52,830.46
Deposit	05/01/2017		MCN Properties LLC	loan Payable-M...	5,000.00		57,830.46
Deposit	05/02/2017		Horizon		925.00		58,755.46
Deposit	05/02/2017		Horizon		2,316.14		61,071.60
Check	05/03/2017		PAYCHEX PAYROLL	-SPLIT-		34,781.89	26,289.71
Check	05/03/2017		PAYCHEX TAXES	Payroll Taxes		19,016.89	7,272.82
Transfer	05/03/2017			Garnish Payable		276.82	6,996.00
Check	05/03/2017		ADP Payroll Fees	Payroll Fees		346.87	6,649.13
Deposit	05/03/2017			Credit Card	1,986.40		8,635.53
Deposit	05/03/2017			Patient Income	587.00		9,222.53
Check	05/03/2017			Credit Card Ex...		350.08	8,872.45
Deposit	05/04/2017			Horizon	1,000.00		9,872.45
Deposit	05/04/2017			Credit Card	936.00		10,808.45
Deposit	05/05/2017			Horizon	2,575.00		13,383.45
Deposit	05/05/2017			SNJ	35,709.00		49,092.45
Check	05/05/2017		United Healthcare	Medicare Premi...		78.10	49,014.35
Check	05/05/2017		United Healthcare	Medicare Premi...		80.20	48,934.15
Check	05/05/2017		United Healthcare	Medicare Premi...		364.46	48,569.69
Check	05/08/2017		Pilgrim Practice Man...	Due To Pilgrim ...		15,000.00	33,569.69
Check	05/08/2017		KEANE INSURANC...	Malpractice Ins...		3,003.90	30,565.79
Deposit	05/08/2017			Credit Card	1,112.80		31,678.59
Deposit	05/08/2017			Credit Card	2,470.00		34,148.59
Deposit	05/08/2017			Patient Income	2,790.00		36,938.59
Deposit	05/08/2017			Credit Card	1,441.00		38,379.59
Deposit	05/09/2017			Horizon	1,970.31		40,349.90
Deposit	05/10/2017			Credit Card	728.00		41,077.90
Deposit	05/10/2017			Patient Income	480.00		41,557.90
Check	05/11/2017		MONTCLAIR PHYSI...	Loan Receiv -M...		405.68	41,152.22
Check	05/11/2017		MONTCLAIR SURGI...	Loan Receiv-M...		1,553.52	39,598.70
Deposit	05/11/2017			Credit Card	3,463.20		43,061.90
Deposit	05/12/2017			Horizon	1,402.50		44,464.40
Deposit	05/12/2017			SNJ	19,470.00		63,934.40
Check	05/12/2017		ADP Payroll Fees	Payroll Fees		15.00	63,919.40
Check	05/15/2017		Pilgrim Practice Man...	Due To Pilgrim ...		10,000.00	53,919.40
Deposit	05/15/2017			Patient Income	786.00		54,705.40
Deposit	05/15/2017			Horizon	3,150.01		57,855.41
Check	05/15/2017		PAYCHEX TAXES	Payroll Taxes		0.01	57,855.40
Deposit	05/15/2017			Credit Card	1,060.80		58,916.20
Deposit	05/15/2017			Credit Card	1,593.28		60,509.48
Deposit	05/15/2017			Patient Income	393.00		60,902.48
Deposit	05/17/2017			Credit Card	936.00		61,838.48
Deposit	05/17/2017			Patient Income	1,177.00		63,015.48
Check	05/17/2017		PAYCHEX PAYROLL	-SPLIT-		33,268.62	29,746.86
Check	05/17/2017		PAYCHEX TAXES	Payroll Taxes		17,897.50	11,849.36
Transfer	05/17/2017			Garnish Payable		166.09	11,683.27
Check	05/17/2017		ADP Payroll Fees	Payroll Fees		349.46	11,333.81
Deposit	05/18/2017			Credit Card	624.00		11,957.81
Deposit	05/18/2017			Patient Income	991.00		12,948.81
Deposit	05/18/2017			Horizon	1,000.00		13,948.81
Deposit	05/19/2017			SNJ	17,094.00		31,042.81
Deposit	05/22/2017			Patient Income	140.00		31,182.81
Check	05/22/2017		MONTCLAIR PHYSI...	Loan Receiv -M...		1,219.68	29,963.13
Check	05/22/2017		MONTCLAIR SURGI...	Loan Receiv-M...		269.62	29,693.61
Deposit	05/22/2017			Horizon	4,300.00		33,993.61
Check	05/22/2017		CMS Medicare	Medicare Premi...		504.80	33,488.81
Check	05/22/2017		CMS Medicare	Medicare Premi...		504.80	32,984.01
Deposit	05/22/2017			Credit Card	1,632.80		34,616.81
Deposit	05/22/2017			Credit Card	3,650.40		38,267.21
Deposit	05/24/2017			Credit Card	2,475.20		40,742.41
Deposit	05/24/2017		MONTCLAIR SURGI...	Loan Receiv-M...	552.86		41,295.37
Deposit	05/25/2017		MONTCLAIR SURGI...	Loan Receiv-M...	197.52		41,492.89
Deposit	05/25/2017			Credit Card	2,204.40		43,697.29
Deposit	05/26/2017			Credit Card	532.00		44,229.29
Deposit	05/26/2017			Credit Card	318.00		44,547.29
Deposit	05/26/2017			SNJ	16,032.00		60,579.29
Check	05/26/2017		ADP Payroll Fees	Payroll Fees		123.08	60,456.21
Deposit	05/30/2017			Patient Income	160.00		60,616.21
Check	05/30/2017		MONTCLAIR PHYSI...	Loan Receiv -M...		142.96	60,473.25
Deposit	05/30/2017			Horizon	3,000.00		63,473.25
Deposit	05/30/2017			Credit Card	2,672.96		66,146.21

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Cash Basis

PILGRIM MEDICAL CENTER INC
Transactions by Account
As of May 31, 2017

Type	Date	Num	Name	Split	Debit	Credit	Balance
Deposit	05/30/2017			Credit Card	3,742.75		69,888.96
Deposit	05/31/2017			Horizon	850.00		70,738.96
Deposit	05/31/2017			Credit Card	1,750.00		72,488.96
Check	05/31/2017		PAYCHEX PAYROLL	-SPLIT-		32,577.07	39,911.89
Check	05/31/2017		PAYCHEX TAXES	Payroll Taxes		17,607.75	22,304.14
Transfer	05/31/2017			Garnish Payable		316.82	21,987.32
Check	05/31/2017		ADP Payroll Fees	Payroll Fees		334.50	21,652.82
Total Valley National Bank					165,913.63	190,740.27	21,652.82
TOTAL					165,913.63	190,740.27	22,961.09

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Cash Basis

PILGRIM MEDICAL CENTER INC

Profit & Loss

May 2017

	<u>May 17</u>
Ordinary Income/Expense	
Income	
Fee for Service Income	225,163.15
Refunds	0.00
Total Income	<u>225,163.15</u>
Gross Profit	225,163.15
Expense	
Accounting	579.00
Advertising and Promotion	4,265.56
Ambulatory Assessment Tax	0.00
Automobile Expense	213.21
Bank Service Charges	0.00
Continuing Education	2,781.99
Credit Card Expenses	350.08
Dues and Subscriptions	492.18
Equip Lease	0.00
Insurance Expense	12,277.68
Interest Expense	0.00
Licenses and Permits	271.87
Meals and Entertainment	240.99
Medical Records and Supplies	7,810.95
MISCELLANEOUS EXPENSES	-150.00
Office Supplies	2,495.11
Outside Services	10,147.34
Payroll Fees	1,168.91
Payroll Taxes	15,343.12
Professional Fees	16,721.98
Repairs and Maintenance	3,148.90
Salaries and Wages	142,094.84
Security Expenses	452.81
Supplies	852.52
Telephone Expense	1,410.11
Utilities	926.86
Waste Removal	526.81
Total Expense	<u>224,422.82</u>
Net Ordinary Income	<u>740.33</u>
Net Income	<u><u>740.33</u></u>



America's Most Convenient Bank®

T STATEMENT OF ACCOUNT

PILGRIM MEDICAL CENTER INC
DIP CASE 16-15414 DIST NJ
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3505

Page: 1 of 2
Statement Period: May 01 2017-May 31 2017
Cust Ref #:
Primary Account #:

Chapter 11 Checking

PILGRIM MEDICAL CENTER INC
DIP CASE 16-15414 DIST NJ

Account #

ACCOUNT SUMMARY

Beginning Balance	1,308.27	Average Collected Balance	1,308.27
		Interest Earned This Period	0.00
Ending Balance	1,308.27	Interest Paid Year-to-Date	0.00
		Annual Percentage Yield Earned	0.00%
		Days In Period	31

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

Bank Deposits FDIC Insured | TD Bank, N.A. | Equal Housing Lender 

2 of 2

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	1,308.27
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		

[illegible]

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODPA" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days In Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Page: 1

Statement Date: 05/31/17
Account Number:

***** BusinessCHECKING 300

Non-Check Transactions

Date	Description	Amount
05/01	TRANSFER TO CK XXXXXXXXX9713	184.20-
05/01	HORIZON TDU ACH PT ID: ACH010010901814	675.00
05/01	BANKCARD MTOT DEP ID: 543469430101030	2,298.40
05/01	BANKCARD MTOT DEP ID: 543469430101030	2,880.80
05/01	TRANSFER FRM CK XXXXXXXXX9608	5,000.00
05/01	Deposit	681.00
05/02	HORIZON TDU ACH PT ID: ACH010010916869	925.00
05/02	HORIZON TDU ACH PT ID: ACH010010909293	2,316.14
05/02	ADP WAGE GARN WAGE GARN ID: 764064558216GH8	276.82-
05/02	ADP PAY-BY-PAY PAY-BY-PAY ID: 764064558217GH8	346.87-
05/02	ADP WAGE PAY WAGE PAY ID: 764064558215GH8	34,781.89-
05/03	BANKCARD BTOT DEP ID: 543469430101030	1,986.40
05/03	BANKCARD MTOT DISC ID: 543469430101030	350.08-
05/03	ADP Tax ADP Tax ID: RZGH8 1420274VV	19,016.89-
05/03	Deposit	587.00
05/04	HORIZON TDU ACH PT ID: ACH010010924118	1,000.00
05/04	BANKCARD MTOT DEP ID: 543469430101030	936.00
05/05	HORIZON TDU ACH PT ID: ACH010010931534	2,575.00
05/05	SNJ-MED.AST.PAY MD AST.PAY ID: 0175641AG054239	35,709.00



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Statement Date: 05/31/17
Account Number:

***** BusinessCHECKING 300
Non-Check Transactions

Date	Description	Amount
05/05	UnitedHCMedicare MedInsPymt ID: 0166626911	78.10-
05/05	UnitedHCMedicare MedInsPymt ID: 0167665151	80.20-
05/05	UnitedHealthcare PREMIUM ID: 3184949601	364.46-
05/08	TRANSFER TO CK XXXXXXXX6241	15,000.00-
05/08	KEANE INSURANCE Downpayment ID: Campanella MD	3,003.90-
05/08	BANKCARD MTOT DEP ID: 543469430101030	1,112.80
05/08	BANKCARD MTOT DEP ID: 543469430101030	2,470.00
05/08	Deposit	2,790.00
05/08	Deposit	1,441.00
05/09	HORIZON TDU ACH PT ID: ACH010010946335	1,970.31
05/10	BANKCARD BTOT DEP ID: 543469430101030	728.00
05/10	Deposit	480.00
05/11	TRANSFER TO CK XXXXXXXX9713	405.68-
05/11	TRANSFER TO CK XXXXXXXX9705	1,553.52-
05/11	BANKCARD MTOT DEP ID: 543469430101030	3,463.20
05/12	HORIZON TDU ACH PT ID: ACH010010968536	1,402.50
05/12	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG059001	19,470.00
05/12	ADP PAYROLL FEES ADP - FEES ID: 2RGH8 3522388	15.00-
05/15	TRANSFER TO CK XXXXXXXX6241	10,000.00-
05/15	Deposit	786.00
05/15	HORIZON TDU ACH PT ID: ACH010010976054	3,150.01



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Statement Date: 05/31/17
Account Number:

***** BusinessCHECKING 300
Non-Check Transactions

Date	Description	Amount
05/15	ADP Tax ADP Tax ID: RZGH8 1474633VV	.01-
05/15	BANKCARD MTOT DEP ID: 543469430101030	1,060.80
05/15	BANKCARD MTOT DEP ID: 543469430101030	1,593.28
05/15	Deposit	393.00
05/17	BANKCARD MTOT DEP ID: 543469430101030	936.00
05/17	Deposit	1,177.00
05/18	ADP WAGE GARN WAGE GARN ID: 120053936596GH8	166.09-
05/18	ADP PAY-BY-PAY PAY-BY-PAY ID: 120053936597GH8	349.46-
05/18	ADP Tax ADP Tax ID: RZGH8 051710A01	17,897.50-
05/18	ADP WAGE PAY WAGE PAY ID: 120053936595GH8	33,268.62-
05/18	BANKCARD MTOT DEP ID: 543469430101030	624.00
05/18	Deposit	991.00
05/19	HORIZON TDU ACH PT ID: ACH010011005646	1,000.00
05/19	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG063960	17,094.00
05/22	Deposit	140.00
05/22	TRANSFER TO CK XXXXXXXX9713	1,219.68-
05/22	TRANSFER TO CK XXXXXXXX9705	269.52-
05/22	HORIZON TDU ACH PT ID: ACH010011012083	4,300.00
05/22	CMS MEDICARE PREMIUMS ID: 0000	504.80-
05/22	CMS MEDICARE PREMIUMS ID: 0000	504.80-



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Statement Date: 05/31/17
Account Number:

***** BusinessCHECKING 300
Non-Check Transactions

Date	Description	Amount
05/22	BANKCARD MTOT DEP ID: 543469430101030	1,632.80
05/22	BANKCARD MTOT DEP ID: 543469430101030	3,650.40
05/24	BANKCARD MTOT DEP ID: 543469430101030	2,475.20
05/24	TRNSFER FRM CK XXXXXXXX9705	552.96
05/25	TRNSFER FRM CK XXXXXXXX9705	197.52
05/25	BANKCARD BTOT DEP ID: 543469430101030	2,204.40
05/25	Deposit	532.00
05/25	Deposit	318.00
05/26	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG068727	16,032.00
05/26	ADP PAYROLL FEES ADP - FEES ID: 2RGH8 5063205	123.08-
05/30	Deposit	160.00
05/30	TRANSFER TO CK XXXXXXXX9713	142.96-
05/30	HORIZON TDU ACH PT ID: ACH010011048939	3,000.00
05/30	BANKCARD MTOT DEP ID: 543469430101030	2,672.96
05/30	BANKCARD MTOT DEP ID: 543469430101030	3,742.75
05/31	HORIZON TDU ACH PT ID: ACH010011064127	850.00
05/31	HORIZON TDU ACH PT ID: ACH010011056672	1,750.00
05/31	ADP WAGE GARN WAGE GARN ID: 935003428016GH8	316.82-
05/31	ADP PAY-BY-PAY PAY-BY-PAY ID: 935003428017GH8	334.50-
05/31	ADP WAGE PAY WAGE PAY ID: 935003428015GH8	32,577.07-



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Statement Date: 05/31/17
Account Number:

***** BusinessCHECKING 300

Non-Check Transactions

Date	Description	Amount
05/31	ADP Tax ADP Tax	17,607.75-
ID: RZGH8 053111A01		

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
04/28	46,479.46	05/09	40,349.90	05/19	31,042.81
05/01	57,830.46	05/10	41,557.90	05/22	38,267.21
05/02	25,666.02	05/11	43,061.90	05/24	41,295.37
05/03	8,872.45	05/12	63,919.40	05/25	44,547.29
05/04	10,808.45	05/15	60,902.48	05/26	60,456.21
05/05	48,569.69	05/17	63,015.48	05/30	69,888.96
05/08	38,379.59	05/18	12,948.81	05/31	21,652.82

Account Summary

Previous Statement Date: 04/28/17

Beginning	Interest	Service	Ending
Balance	+ Deposits + Paid -	Withdrawals - Charge	= Balance
46,479.46	165,913.63 .00	190,740.27 .00	21,652.82

Statement from 04/29/17 Thru 05/31/17

YTD Interest Paid .00

COMMUNICATING WITH YOU IS IMPORTANT TO US!

Don't miss weather-related closures or special offer emails.
Take a moment and call our 24/7 Customer Service Team at
800-522-4100 or 973-305-8800 and provide or update
your email address.